



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Massachusetts, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			2 x year	prior authorization required for more than 2 per year
Fluoride treatments (including fluoride varnishes)	X				fluoride treatment is not covered as a separate procedure when fluoride is incorporated with the polishing compound used in cleanings
Sealants (list any tooth-specific limits)	X			1 x every 3 years	primary (deciduous) molars for members under age 9 only and for permanent noncarious molars for members under age 17 only.
Space maintainers	X				



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Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X				Comprehensive - once per member per provider Periodic - 2 per calendar year Limited Oral eval - 2 per calendar year Oral eval for members under 3 years	
X-Rays						
Bitewing	X				bitewings taken as a part of FMX is not covered	
Full Mouth	X			1 x every 3 years	covered for members aged 6 and older	
Panoramic	X			1 x every 3 years		



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Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				once per member per tooth surface per year	
Tooth colored composite	X				once per member per tooth surface per year; full coverage composite only for anterior primary teeth; preventive resin only on occlusal surfaces and only as a single surface posterior composite	
Crowns/tooth caps						
Stainless steel crowns	X				permanent incisors, cuspids, bicuspid and first and second molars	
Metal (only) crowns	X					
Metal/porcelain crowns	X				permanent incisors, cuspids, bicuspid and first and second molars	
Porcelain (only) crowns			X			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				not covered on deciduous teeth ready to exfoliate; not covered when performed at the same time as a root canal	



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	Yes	Only with prior authorization	No			
Root canals on permanent teeth	X				covered on anterior teeth, bicuspid, and first and second molars. Not covered for third molars.	
Gum (periodontal) therapy						
	X				once per member per quadrant every 3 years	
Dentures						
Partial dentures	X				once per 7 years without prior authorization	
Complete dentures	X				once per 7 years without prior authorization	
Bridges			X			
Orthodontics*						
Retainers (orthodontic)		X			replacement retainers are covered during the 2 year retention period following orthodontic treatment	



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Braces		X			once per member per lifetime	member has a severe and handicapping malocclusion which is determined based on the clinical standards described in the MassHealth Dental Manual. Permanent dentition must be reasonably completed. Payment covers a maximum period of two and one-half years of orthodontic treatment visits. Payment for the initial fabrication and insertion of the orthodontic appliance, which includes records. all
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Braces		X			once per member per lifetime	appliances associated with treatment, fixed and removable is included in the payment for comprehensive orthodontic treatment.
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment	X					
Cancer treatment	X					
Treatment of fractures	X					
Biopsies	X					



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Treatment of jaw joint problems (TMJ)						
			X		TMJ services are not covered, however, the MassHealth agency pays for all medically necessary dental services for EPSDT-eligible members in accordance with the MassHealth Administrative and Billing regulations (130 CMR 450.140 et seq.)without regard to service limitations described in the MassHealth Dental Manual (130 CMR 420.000) and with prior authorization.	
Emergency room services provided by a dentist						
			X		This would be billed by the hospital program as an emergency room services and would not be considered dental.	
Inpatient Hospital Services						
			X		This would be billed by the hospital program as an emergency room services and would not be considered dental.	
Anesthesia						
General anesthesia	X				member is eligible for oral surgery services	



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	Yes	Only with prior authorization	No			
Intravenous conscious sedation	X				member is eligible for oral surgery services	
Non-intravenous conscious sedation			X			
Analgesia (nitrous oxide)	X					

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).